

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.

I, STAN TAFOYA, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

ROBERT J. BORER

Authorized committee:

ROBERT J. BORER FOR SECRETARY OF STATE

Agency requesting time (and contact information):

☐

N/A

LINCOLN MARKETING GROUP

Candidate's political party:

REPUBLICAN

Office sought (no acronyms or abbreviations):

NE SECRETARY OF STATE

Date of election:

5/10/22

☐

General

☒

Primary

Treasurer of candidate's authorized committee:

JERRY FICKE

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

☐

the candidate listed above who is a legally qualified candidate, or

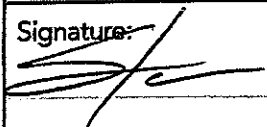
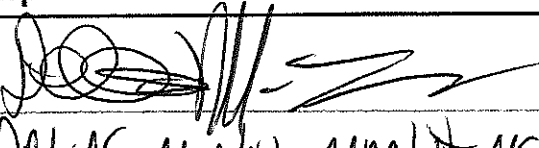
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the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

Candidate/Committee/Agency	Station Representative
Signature: 	Signature: 
Name: <u>STAN TAFOYA</u>	Name: <u>DALLAS N. MC MAN, MARKETING MGR</u>
Date of Request to Purchase Ad Time: <u>5/6/22</u>	Date of Station Agreement to Sell Time: <u>5-6-22</u>

**Federal Candidate Certification:**

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

**Candidate/Authorized Committee/Agency**

Signature:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**Ad submitted to Station? ☒ Yes ☐ No Date ad received: 5-6-22**Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).**Federal candidate certification signed (above): ☐ Yes ☐ No ☒ N/A

Disposition:

☒ Accepted☐ Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)\*☐ Rejected – provide reason:

\*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #:

45248

Station Call Letters:

KQRI-TV

Date Received/Requested:

5-6-22

Est. #:

Station Location:

Kearney, NE

Run Start and End Dates:

5-7-20 5-9-22

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

# Sales Order

Station: KQKY-FM Agency: LINCOLN MARKETING GROUP  
 Contract Name: Borer for Sec State KQ Address: 6101 S 56TH ST, STE 6  
 Contract#: 45248 City: Lincoln State: NE Zip: 68516  
 Start Date: 5/07/22 End Date: 5/09/22 Buyer: \_\_\_\_\_  
 Revenue Type: Political Agency Type: Cash Tax Schedule: \_\_\_\_\_ (None)  
 Advertiser: BORER SECRETARY OF STATE Agency Commission %: 15  
 Address: \_\_\_\_\_ Billing Cycle: Standard  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salesperson: 5555dnau Comm %: 0  
 Product Name: Secretary of State Makegood Policy: Within Contract Dates  
 Competitive Code: Political-State

No	DATES		Alt	TIMES		LEN	DISTRIBUTION								RATE	TOTALS		PTY		
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk		D/W	SPOTS		\$	
1	5/07/22	5/08/22		6:00 AM	7:00 PM	60							10	10	20	D	10.00	20	200.00	3
2	5/09/22	5/09/22		6:00 AM	7:00 PM	60	10								10	D	14.00	10	140.00	3

Billing Protection: By Month

Billing Projections: By Month

May 22  
 CA 340.00  
 ST 340.00

☒ Print Spot Prices

TOTAL SPOTS ..... 30  
 GROSS TOTAL \$ ..... 340.00  
 ADJUSTED SPOTS ..... 30  
 ADJUSTED TOTAL \$ ..... 340.00

APPROVE DECLINE

☒ ☐ 5555dnau, 05/06/22 @11:53AM  
☐ ☐ Business Manager  
☐ ☐ National Sales Manager  
☐ ☐ Traffic Manager